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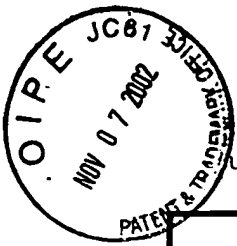
☐ Firm or Individual Name

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SF 1342705 v1



STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Adrienne W. Paton, Renato Morona and James C. Paton

Application No./Patent No.: 09/658,537

Filed/Issue Date: September 9, 2000

Entitled: RECOMBINANT MICROORGANISMS EXPRESSING AN OLIGOSACCHARIDE RECEPTOR MIMIC

Women's and Children's Hospital, an Australian corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is 50%

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 01286, Frame 0773, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

X 19.6.02
Date

X PHILIP WIDDAS
Typed or printed name

X P. Widdas
Signature

X EXECUTIVE DIRECTOR - CORPORATE SERVICES
Title

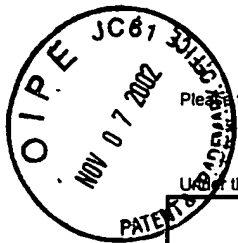
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/658,537
	Filing Date	September 9, 2000
	First Named Inventor	Paton, Adrienne W..
	Title	RECOMBINANT MICROORGANISMS EXPRESSING AN OLIGOSACCHARIDE RECEPTOR MIMIC
	Group Art Unit	1633
	Examiner Name	Whiteman, Brian A.
	Attorney Docket Number	019957-014500US

I hereby appoint:

☒ Practitioners at Customer Number  ***20350***
OR

☐ Practitioner(s) named below:

Name	Registration Number

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OR

☐ Practitioners at Customer Number 

☐ Firm or
Individual Name

Address

Address

City

State

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Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of 50% interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

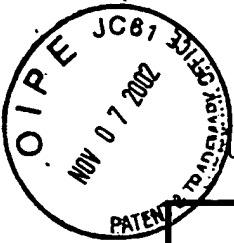
Name	Steve Winelade
Signature	Steve Winelade
Date	12/20/6/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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SF 1342705 v1



STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Adrienne W. Paton, Renato Morona and James C. Paton

Application No./Patent No.: 09/658,537

Filed/Issue Date: September 9, 2000

Entitled: RECOMBINANT MICROORGANISMS EXPRESSING AN OLIGOSACCHARIDE RECEPTOR MIMIC

Adelaide Research & Innovation Pty. Ltd., an Australian corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is 50%

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 01286, Frame 0773, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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- ☐ Copies of assignments or other documents in the chain of title are attached.

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

X 20/6/2002
Date

X Steve Winslade
Typed or printed name
X Steve Winslade
Signature

X Chief Executive Officer
Title

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TOWNSEND AND TOWNSEND AND CREW LLP
BETH L. KELLY
TWO EMBARCADERO CENTER, 8TH FLOOR
SAN FRANCISCO, CALIFORNIA 94111-3834

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RECORDATION DATE: 07/12/2002

REEL/FRAME: 012886/0773

NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

PATON, ADRIENNE W.

DOC DATE: 06/18/2002

ASSIGNOR:

MORONA, RENATO

DOC DATE: 06/18/2002

ASSIGNOR:

PATON, JAMES C.

DOC DATE: 06/18/2002

ASSIGNEE:

WOMEN'S AND CHILDREN'S HOSPITAL
72 KING WILLIAM ROAD
NORTH ADELAIDE 5006, AUSTRALIA

ASSIGNEE:

ADELAIDE RESEARCH & INNOVATION
PTY. LTD.
LEVEL 11 10 PULTENEY STREET
ADELAIDE SA 5000, AUSTRALIA

012886/0773 PAGE 2

SERIAL NUMBER: 09658537
PATENT NUMBER:


FILING DATE: 09/09/2000
ISSUE DATE:

SHAREILL COLES, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS

07/12/2002

700014843

Attorney Docket No. 019957-014500US

Form PTO-1596 (Rev. 03-01) OMB No. 0651-0027 (exp. 5/31/2002)		Recordation Form Cover Sheet PATENTS ONLY		U.S. Department of Commerce U.S. Patent and Trademark Office	
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1. Name of conveying party(ies): Adrienne W. Paton Renato Morona James C. Paton Additional name(s) of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.			2. Name and address of receiving party(ies) Name: <u>Women's and Children's Hospital</u> Internal Address: _____ Street Address: <u>72 King William Road</u> City: <u>North Adelaide 5006</u> , State of <u>South Australia</u> State: <u>Australia</u> ZIP: _____ Additional names and addresses attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: _____			Execution Date: <u>June 18, 2002</u>		
4. Application number(s) or patent number(s). If this document is being filed together with a new application, the execution date of the application is: _____ A. Patent Application No(s): <u>09/658,637</u> B. Patent No(s): _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Beth L. Kelly</u> <u>TOWNSEND AND TOWNSEND AND CREW LLP</u> <u>Two Embarcadero Center, 8th Floor</u> <u>San Francisco, California 94111-3834</u> <u>(415) 578-0200</u>			6. Total number of applications and patents involved <u>1</u> 7. Total fee (37 CFR 3.41): <u>\$40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>20-1430</u> (Attach duplicate copy of this page if paying by deposit account)		
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9. Statement and signature. To the best of my knowledge and belief, the foregoing is true and correct and any attached copy is a true of copy of the original document.					
<u>Beth L. Kelly</u> Name of Person Signing Atty. Reg. No. P-51,868		 Signature		<u>July 12, 2002</u> Date	
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Form PTO-1595
Recordation Form Cover Sheet (Appln. 09/658,637)
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Page 2

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(Continued from Page 1)

2. Additional name(s) and address(es) of receiving party(ies):
(Continued from Page 1)

Adelaide Research & Innovation Pty. Ltd.
Level 11
10 Pulteney Street
Adelaide SA 5000
Australia

3. Additional application number(s) or patent number(s):
(Continued from Page 1)

A. Patent Application No.(s)

B. Patent No.(s)

SF 1365144 v1
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